Charitable Health Care Provider Program
Point of Entry Agreement - Indigent Health Care Clinic

Clinic Name: _____

Address: _____
Street Address

_____
City State Zip

Point of Contact Name and Title: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

☐ YES ☐ NO Does the practice site accept new patients?
☐ YES ☐ NO Does the practice site accept all patients regardless of insurance status or ability to pay?
☐ YES ☐ NO Does practice site accept Medicare?
☐ YES ☐ NO Does the practice site accept new Medicare patients?
☐ YES ☐ NO Does practice site accept Medicaid/KanCare?
☐ YES ☐ NO Does the practice site accept new Medicaid/KanCare patients?
☐ YES ☐ NO Does the practice site utilize a sliding fee schedule based on income?
☐ YES ☐ NO Is the sliding fee schedule posted in a prominent location.

The authorized signature on this agreement constitutes the intent of this clinic/health department to serve as an indigent health care clinic and affirms that the clinic is an outpatient medical care clinic operated on a not-for-profit basis.

An indigent health care clinic must charge uninsured patients living in a household earning less than 200% of the federal poverty level a discounted fee based on the patient's ability to pay (discounted/sliding fee schedule) and may submit claims to public or private insurance. The discounted/sliding fee schedule must be in writing, and information must be publicly posted to ensure that patients are aware of its availability.

As an indigent health care clinic, the clinic agrees to:

1. determine whether individuals seen through the indigent health care clinic are medically indigent;
2. either directly provide care through its employees or refer medically indigent individuals to a charitable health care provider providing care either at the clinic or in another location; and
3. maintain patient and program records and submit an annual activity report to KDHE (KAR 28-53-1).

Failure to fulfill any of these duties will result in cancellation of the agreement by the Secretary of the Kansas Department of Health and Environment with the above-named indigent health care clinic.

_____ _____
Authorized Signature Date

_____ _____
Susan Mosier, MD, Secretary Date
Kansas Department of Health and Environment

If an indigent health care clinic, its employee(s), or a charitable health care provider is sued by the recipient of care, they must request representation from the state in writing within 15 days after service of process or subpoena (KSA 75-6108(e)). Indigent health care clinics, their employee(s), or charitable health care providers served with a summons or petition should immediately contact the Kansas Attorney General's office at 785-296-2215.

Please list the location(s) of your clinic including satellite clinics (if applicable).

If needed please add additional rows or attach list of all locations with this survey.

Address _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____

Address _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____

Address _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____

Address _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____

Address _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____

Address _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____

For the services listed below, please indicate services that are provided by your clinic, services for which your clinic provides referrals to another organization, and services your clinic does not provide.

	Provided directly by clinic	***Referred to another organization***	***Not provided/ not referred***
Prenatal Care	☐	☐	☐
Delivery/Postnatal Care	☐	☐	☐
Newborn screening & wellness checks	☐	☐	☐
Well Woman Checks	☐	☐	☐
Other screenings and preventive care	☐	☐	☐
Dental screenings and preventive care	☐	☐	☐
Dental Treatment	☐	☐	☐
Prescription Assistance	☐	☐	☐
Immunizations	☐	☐	☐
Smoking Cessation	☐	☐	☐
Substance Abuse Treatment	☐	☐	☐
Mental/Behavioral Health Services	☐	☐	☐
Chronic disease self-management	☐	☐	☐
Chronic care coordination	☐	☐	☐